

CH2MHILL • BWXT West Valley, LLC

West Valley Demonstration Project

Mr. C. S. Haugh, P.E.
Chief, Source Surveillance
New York State Department of Environmental Conservation
Division of Water
Bureau of Watershed Programs
625 Broadway, 4th Floor
Albany, New York 12233-3506

AC-EA
WR:2016:0037
August 4, 2016

SUBJECT: State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period July 1 through July 31, 2016, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP)

Dear Mr. Haugh:

The West Valley Demonstration Project's SPDES DMR for the reporting period July 1 through July 31, 2016, including the Net Iron concentration sheet, is attached.

Please note there was no discharge at outfall 001, 007, 116, Sum-N, or internal outfall 01B during this period.

Please also note that as of September 15, 2014 the site transitioned from withdrawing water from the reservoirs to supply the site's water needs (potable and industrial) to the use of two recently installed groundwater wells. This transition has eliminated several functions within the utility room, (i.e., sand filter backwashes and clarifier blowdowns) thereby significantly reducing, or eliminating entirely the discharge from outfall 007.

The change to groundwater wells also eliminated the need to collect raw water samples on a weekly basis for the analysis of iron and will alter the iron discharge concentration equation as the mass of raw water entering the system will no longer be calculated.

As required in Title 6 of the New York Codes, Rules, and Regulations (6NYCRR) Part 750-2.5(e)(3), the New York Environmental Laboratory Accreditation Program (NYELAP) identification numbers for the laboratories performing are normally required, however, the WVDP did not have any sample analysis completed for this DMR.

If you have any questions, please contact Moira Maloney of the U.S. Department of Energy West Valley Demonstration Project (DOE-WVDP) at (716) 942-4255 or William Kean of my staff at (716) 942-4865.

Sincerely,



John D. Rendall, Manager
Regulatory Strategy & Engineering

JDR:WNK:bnj

Attachment: SPDES DMR for July 1 through July 31, 2016 Monitoring Period

cc: M. A. Stein, NYSDEC-Region 9 DOW
E. W. Wohlers, Cattaraugus County Health Department
J. M. Dundas, DOE-WVDP
M. N. Maloney, DOE-WVDP
J. J. Baker, CHBWV
C. A. Biedermann, CHBWV
L. E. Bennett, CHBWV (Public Reading Room)
J. L. Casper, CHBWV
W. N. Kean, CHBWV
D. P. Klenk, CHBWV
B. N. Jeffery (Letter Log), CHBWV

ATTACHMENT

SPDES DISCHARGE MONITORING REPORT - JULY 1 THROUGH JULY 31, 2016
NET IRON EFFLUENT CONCENTRATION CALCULATION
WEST VALLEY DEMONSTRATION PROJECT, SPDES PERMIT NO. NY-0000973

$$\text{OUTFALL 001} = M1 = \frac{(X1 + X2) V1}{2} = 0.00 \text{ mg/month}$$

$$X1 = 0.00 \text{ mg/L}$$

$$X2 = 0.00 \text{ mg/L}$$

$$V1 = 0.00 \text{ L/month}$$

*Note: There was no Discharge at outfall 001 during this monitoring period.

$$\text{OUTFALL 007} = M7 = \frac{(X1 + X2) V7}{2} = 0.00 \text{ mg/month}$$

$$X1 = 0.00 \text{ mg/L}$$

$$X2 = 0.00 \text{ mg/L}$$

$$V7 = 0.00 \text{ L/month}$$

*Note: There was no Discharge at outfall 007 during this monitoring period.

$$\text{RAW WATER} = MRW = \frac{(X1 + X2 + X3 + X4) VRW}{4} = 0.00 \text{ mg/month}$$

$$X1 = 0.000 \text{ mg/L}$$

$$X2 = 0.000 \text{ mg/L}$$

$$X3 = 0.000 \text{ mg/L}$$

$$X4 = 0.000 \text{ mg/L}$$

$$VRW = 0.00 \text{ L/month}$$

*Note: Raw water from the reservoir system is no longer used for process water.

$$\text{IRON DISCHARGE CONCENTRATION} = \frac{M1 + M7 - MRW}{V1 + V7} = 0.00 \text{ mg/L}$$

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. DEPT OF ENERGY

ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585

FACILITY: WEST VALLEY DEMONSTRATION PROJ

LOCATION: 10282 ROCK SPRINGS ROAD

WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

DMR Mailing ZIP CODE: 14171-9799

MAJOR

(SUBR 09)

OUTFALL 001 MONTHLY PROC WW, GW, SI

External Outfall

No Discharge ☒ X

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2016	7/31/2016

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Sulfate [as S]	SAMPLE MEASUREMENT	*****	*****	*****	*****					
0015410 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Once per Batch	COMP24
Oxygen demand, ultimate	SAMPLE MEASUREMENT	*****	*****	*****	*****					
0018110 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Twice per Batch	CALCTD
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****					
0030010 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	mg/L		Twice per Batch	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****					
0031010 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Twice per Batch	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****					
0040010 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	SU		Once per Batch	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****					
0053010 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	mg/L		Twice per Batch	COMP24
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****					
0054510 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mL/L		Twice per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
W. N. Kean, Regulatory Specialist	716-942-4965	08/03/2016
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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 WEST VALLEY, NY 14171-9799
 ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001- M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2016	7/31/2016

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, ST
External Outfall

No Discharge ☒ X

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	UNITS	VALUE	VALUE	VALUE	UNITS			
Oil & Grease	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
00556 1 0 Effluent Gross Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
00615 1 0 Effluent Gross Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
00620 1 0 Effluent Gross Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
00625 1 0 Effluent Gross Sulfide, dissolved, [as S]	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
00746 1 0 Effluent Gross Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
00978 1 0 Effluent Gross Cobalt, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
00979 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						
	SAMPLE MEASUREMENT	*****	*****		*****	*****						
	PERMIT REQUIREMENT	*****	*****		*****	*****						

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that confidential information is not disclosed or otherwise made available to unauthorized persons. I am a duly sworn member of the law enforcement agency of the State of California, and I am authorized to certify that this document contains no such information. I am not providing this information to the public. I am not providing this information to the public. I am not providing this information to the public.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
W.N. Kean, Regulatory Specialist
TYPED OR PRINTED

Wil W.K.
SIGNATURE OF PRINCIPAL EXECUTIVE
AUTHORIZED AGENT

TELEPHONE	DATE
716-942-4865	08/03/20
AREA Code	NUMBER
	MM/DD/YY

TELEPHONE	DATE
716-942-4865	08/03/20
AREA Code	NUMBER
	MM/DD/YY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2016	7/31/2016

DMR Mailing ZIP CODE: 14171-9799
MAJOR (SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, ST
External Outfall

No Discharge ☒ X

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
Vanadium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01128 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
Nitrogen, ammonia, total [as NH3]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
34726 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****						
	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
W.N. Kean, Regulatory Specialist	716-942-4865	08/03/2016	
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LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
OUTFALL 001 MONTHLY PROC WW, GW, ST
External Outfall
No Discharge ☒

NY0000973	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2016	7/31/2016

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L			
70295 1 0 Effluent Gross Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****					Twice per Batch	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	50 MO AVG	Req. Mon. DAILY MX	ng/L		Once per Batch	GRAB
71900 1 0 Effluent Gross Surfactants [linear alkylate sulfonate]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per Batch	GRAB
81646 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.04 DAILY MX	mg/L		Once per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE			DATE
W.N. Kean, Regulatory Specialist	716-942-4865			08/03/2016
TYPED OR PRINTED	NUMBER			MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

NY00000973	007- M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2016	7/31/2016

DMR Mailing ZIP CODE: 14171- 9799
MAJOR (SUBR 09)
SANITARY, NC COOLING WATER, UTILITY
External Outfall
No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen demand, ultimate	SAMPLE MEASUREMENT	*****	*****	*****	*****					
00181 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Monthly	CALCTD
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Twice per Month	GRAB
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Twice per Month	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Twice per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Twice per Month	COMP24
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00545 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mL/L		Twice per Month	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L		Twice per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
W.N. Kean, Regulatory Specialist	<i>[Signature]</i>	716 - 942 - 4865	08/03/2016
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

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NAME: U.S. DEPT OF ENERGY

ADDRESS: 1000 INDEPENDENCE AVE SW

WASHINGTON, DC 20585

FACILITY: WEST VALLEY DEMONSTRATION PROJ

LOCATION: 10282 ROCK SPRINGS ROAD

WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973
PERMIT NUMBER007- M
DISCHARGE NUMBERMM/DD/YYYY
7/1/2016MONITORING PERIOD
MM/DD/YYYY
7/31/2016DMR Mailing ZIP CODE: 14171-9799
MAJOR
(SUBR 09)
SANITARY, NC COOLING WATER, UTILITY
External OutfallNo Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L	Monthly	COMP24	
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Monthly	COMP24	
00625 1 0 Effluent Gross Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Twice per Month	COMP24	
01045 1 0 Effluent Gross Nitrogen, ammonia, total [as NH3]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.49 MO AVG	2.1 DAILY MX	mg/L	Twice per Month	COMP24	
34726 1 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****			*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Monthly	CONTIN	
50050 1 0 Effluent Gross Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	.1 DAILY MX	mg/L	Monthly	GRAB	
50060 1 0 Effluent Gross Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L	Twice per Month	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

W.N. Kean, Regulatory Specialist

TYPED OR PRINTED

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

716-942-4865

08/03/2016

AREA Code

NUMBER

MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	007- M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2016	7/31/2016

DMR Mailing ZIP CODE: 14171-9799
MAJOR (SUBR 09)
SANITARY, NC COOLING WATER, UTILITY
External Outfall
No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	50 DAILY MX		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
W.N. Kean, Regulatory Specialist		716-942-4865	08/03/2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
		716	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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WASHINGTON, DC 20585
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LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	01B- M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2016	7/31/2016

DMR Mailing ZIP CODE: 14171-9799
MAJOR (SUBR 09)
MERCURY PRETREATMENT
Internal Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Flow rate					*****	*****	*****			
0005610 Effluent Gross Mercury, total [as Hg]	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****		Weekly	CONTIN
7190010 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX	ng/L		Twice per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
W.N. Kean, Regulatory Specialist	716-942-4865		08/03/2016
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>W.N. Kean</i>			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: U.S. DEPT OF ENERGY
ADDRESS: 1000 INDEPENDENCE AVE SW
WASHINGTON, DC 20585
FACILITY: WEST VALLEY DEMONSTRATION PROJ
LOCATION: 10282 ROCK SPRINGS ROAD
WEST VALLEY, NY 14171-9799
ATTN: BRYAN C BOWER, DIRECTOR

NY0000973	116- M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2016	7/31/2016

DMR Mailing ZIP CODE: 14171-9799
MAJOR (SUBR 09)
PSEUDO MON. POINT @FRANKS CRK
Internal Outfall

No Discharge ☒

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Solids, total dissolved	*****	*****	*****	*****			
70295 Z O	*****	*****	*****	*****			
Instream Monitoring	*****	*****	*****	*****			
			Req. Mon. MO AVG	500 DAILY MX		Twice per Discharge	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision and in accordance with a system designed to assure that qualified personnel prepared the information reported hereon. I am a duly qualified official, employee, or person who manages the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
W. N. Kean, Regulatory Specialist	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		716-942-4865	08/03/2016
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF PSEUDO MONITORING POINT REPORT IS NOT REQUIRED DURING THE MONITORING PERIOD, EITHER CHECK THENO DISCHARGE BOX OR ENTER 'NODI A' IN PLACE OF A MEASUREMENT TO INDICATE A GENERAL PERMIT EXEMPTION.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: U.S. DEPT OF ENERGY

ADDRESS: 1000 INDEPENDENCE AVE SW

WASHINGTON, DC 20585

FACILITY: WEST VALLEY DEMONSTRATION PROJ

LOCATION: 10282 ROCK SPRINGS ROAD

WEST VALLEY, NY 14171-9799

ATTN: BRYAN C BOWER, DIRECTOR

NY0000973
PERMIT NUMBER

SUM- N

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY

7/1/2016

DMR Mailing ZIP CODE: 14171-9799

MAJOR

(SUBR 09)

SUM OF OUTFALLS 1 & 7

Internal Outfall

No Discharge ☒

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Iron, total [as Fe]		*****	*****	*****	*****					
01045 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	mg/L DAILY MX		Monthly	CALC/D

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>W. N. Kean</i>	TELEPHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

CORRESPONDENCE CONTROL SHEET

Correspondence Code <u>WR : 2016 : 0037</u>	Author's Name & Extension William Kean/4865	Date Review Submitted 08/01/16	Date Review Due 08/03/16	File Series Code
Subject State Pollutant Discharge Elimination System (SPDES) Discharge Monitoring Report (DMR) for the Period July 1 through July 31, 2016, SPDES Permit No. NY-0000973, West Valley Demonstration Project (WVDP)				

Does this Correspondence Respond to any DOE or Regulator Correspondence?

☒ No☐ Yes - If yes, then identify the following: Correspondence Code: _____ OITS Number: _____

Does this correspondence contain Official Use Only (OUO) information?

[i.e., information is certain unclassified information that may be exempt from public release under the Freedom of Information Act (FOIA), (Exemptions 3-9) and has the potential to damage governmental, commercial, or private interests if disseminated to persons who do not need to know the information to perform their jobs or other DOE authorized activities; refer to WVDP-402 for additional guidance on this determination.]

☒ No☐ Yes - If yes, ensure the document(s) is properly stamped and marked as OUO per requirements of WVDP-402. If Administratively Confidential or Proprietary, documentation must also be properly marked as such per requirements of WVDP-402.

Does this correspondence contain ECI (OUO, FOIA Exemption 3)?

[i.e., technical information that would be restricted by statute; refer to WVDP-402 for guidance on this determination.]

☒ No☐ Yes - If yes, ensure the document(s) is properly stamped and marked as ECI and OUO per requirements of WVDP-402 and Export Technology Control Officer (ETCO) or trained alternate signature & date are obtained on the document(s).
 OUO Reviewer/ECI Screener or ECI Document Reviewer: Charles Biedermann/ Charles A. Biedermann
 Printed Name/Signature

Funding Commitment

Does this correspondence commit funds?

☒ No☐ Yes - If yes, then obtain Business Manager/CFO and Planning & Integration Manager review.

REVIEWER APPROVALS (only used for hard copy process)

Printed Name	Signature	Date	Approve	Approve w/Comments	Disapprove
William Kean	<i>W. J. Kean</i>	8/1/16	☒	☐	☐
Charles Biedermann	<i>Charles A. Biedermann</i>	8/2/16	☒	☐	☐
John Rendall	<i>Charles A. Biedermann for JDR</i>	8/2/16	☒	☐	☐
Lynn Hollfelder	<i>Lynn Hollfelder</i>	8/2/16	☒	☐	☐
Jennifer Dundas	<i>Jennifer Dundas</i>	8/4/16	☒	☐	☐
			☐	☐	☐

 Reviewer initial & date indicating satisfactory resolution of disapproved comments:
 (only used for hard copy process) _____